



Colorado Department
of Public Health
and Environment

Colorado Air Pollution Control Division

EMISSION PERMIT/APEN CANCELLATION REQUEST

Permit Number _____ **and/or** AIRS ID: _____

Source or Equipment Name: _____

Source or Equipment Address: _____

This cancellation request is based on the following: *Please circle the appropriate item.*

1. The facility and/or source addressed by the permit or APEN no longer exists.
2. The facility has been sold to another party and I do not wish to transfer the permit.

New owners name: _____

New owners address: _____

New owners phone number: _____

3. The emissions from the permitted source no longer is above the threshold required for maintaining an APEN or permit with the Division and the source does not want to maintain an active APEN or permit with the Division.

4. Other: _____

Date Equipment or Operations Ceased/Sold or Below Reporting Thresholds: ____/____/____

Company Name: _____ Phone Number: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Signature of Legally Authorized Person _____
Date

Print Name _____
Title

For Department Use Only

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Sent to: Administration- Scanned
 Inventory
 Administration- Filed